MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009472

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		1					53							
4		1		1			54							
5		1		1			55							
6		1		1			56							
7		1		1			57							
8		1		1			58							
9	1			1			59							
10	1			1			60							
11			1				61							
12			1				62							
13			1				63							
14			1				64							
15	1		1				65							
16			1				66							
17			1				67							
18	1						68							
19	1						69							
20			1				70							
21							71							
22							72							
23							73							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5		1				TOTAL IND.							
TOTAL DEP.	15		7				TOTAL DEP.							
TOTAL CLAIMS	20		8				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

ORM PTO-1350 (REV. 3-78)